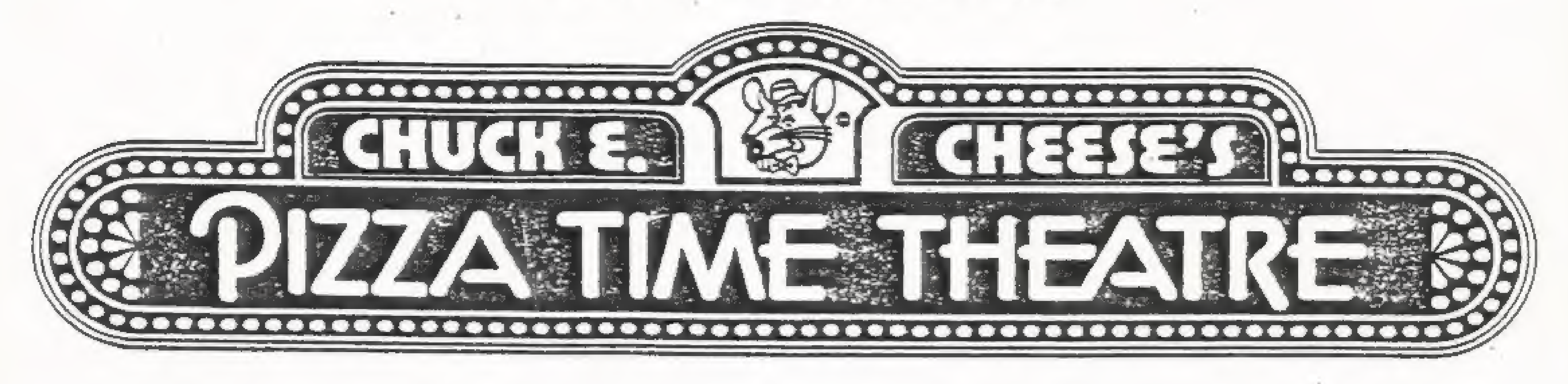
APPLICATION FOR EMPLOYMENT
RESTAURANT OPERATIONS
HOURLY EMPLOYEE



AN EQUAL OPPORTUNITY EMPLOYER – M/F

Discrimination in employn.. oecause of race, creed, color, national origin, ancestry, age, sex, physical or mental handicaps, or liability for service in the armed forces of the U.S. is prohibited by federal legislation and/or by laws against discrimination in some states.

Personal

NAME (Last) (First) PHONE

ADDRESS (Street) (City) (State) (Zip Code)

HOW LONG AT PRESENT ADDRESS | SOCIAL SECURITY NUMBER | ARE YOU A CITIZEN OF THE U.S.A.? ☐ YES ☐ NO

CERTAIN POSITIONS REQUIRE A VALID DRIVERS LICENSE. DO YOU HAVE ONE ☐ YES ☐ NO | HEIGHT | WEIGHT

WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY (Give Name, Phone, and Relationship)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION ☐ YES ☐ NO
IF YES, EXPLAIN.

HOW DO YOU PLAN TO GET TO WORK ☐ MASS TRANSIT ☐ AUTO ☐ OTHER

ARE YOU UNDER 16 YEARS OF AGE ☐ YES ☐ NO | ARE YOU 18 YEARS OF AGE OR OLDER ☐ YES ☐ NO | ARE YOU 21 YEARS OF AGE OR OLDER ☐ YES ☐ NO

Education

NAME OF SCHOOL AND ADDRESS	DATES FROM (Mo/Yr)	DATES TO (Mo/Yr)	GRADUATED YES	GRADUATED NO	NO OF COLLEGE CREDIT HOURS	MAJOR	SCHOLASTIC AVERAGE
JUNIOR HIGH							
HIGH SCHOOL							
COLLEGE							
OTHER							

EXTRACURRICULAR ACTIVITIES.

PERCENTAGE OF COLLEGE EXPENSES EARNED | CURRENTLY ENROLLED IN HIGH SCHOOL WORK / STUDY PROGRAM ☐ YES ☐ NO

CLERICAL SKILLS

☐ TYPE ☐ CASH REGISTER ☐ TEN KEY ADDING MACHINE ☐ CALCULATOR



Biographical Summary

- Please fill out this summary in your own handwriting.
- You may use a resume to supplement this summary. If you do — please fill in all requested information not included in your resume.
- Do not include any information revealing your race, religion or national origin.
- Items with an asterisk (*) are to be completed only after employment.

WHAT IS YOUR NAME? Last	First	Middle Initial	*Maiden	DATE
PLEASE GIVE US YOUR PRESENT ADDRESS — Include City	State	Zip Code		FROM
TELEPHONE NUMBERS WHERE WE CAN REACH YOU	SOCIAL SECURITY NUMBER	*WHAT IS YOUR DATE OF BIRTH?		

*STATUS Check One Only		Single	Married	Widowed	Separated	Divorced
	Male	0	1	2	3	4
	Female	5	6	7	8	9

*Number of Deductions for Withholding Tax Purposes ☐

*Spouse's First Name ____________________

DATE AVAILABLE	ARE YOU WILLING TO RELOCATE? ☐ Yes ☐ No	GEOGRAPHICAL PREFERENCE
WHAT TYPE OF WORK DO YOU DESIRE?		WHAT SALARY WOULD YOU CONSIDER?
HOW OR FROM WHOM DID YOU LEARN ABOUT THIS JOB?	HAVE YOU EVER APPLIED FOR EMPLOYMENT OR WORKED FOR ANY PTT UNIT	

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED From Mo	From Yr	To Mo	To Yr	GRADUATE Yes	GRADUATE No	DIPLOMA, DEGREE	GRADE AVERAGE	MAJOR FIELD(S)
High School										
Technical Trade or Other Schools Include Military										
						(3)	(4)			
College or University								BA/BS, MA/MS		
						(2)	(5)	(7)		

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

EMPLOYMENT HISTORY

WHAT IS THE NAME, ADDRESS, AND TELEPHONE OF YOUR PRESENT (OR MOST RECENT) EMPLOYER?

TYPE OF BUSINESS, PRODUCT OR SERVICE IN WHICH THE ORGANIZATION IS ENGAGED?

JOB TITLE AND RESPONSIBILITIES?

WHAT IS OR WAS YOUR IMMEDIATE SUPERVISOR'S NAME? | TITLE? | WHEN MAY WE CONTACT?

WHEN DID YOU START WITH THIS ORGANIZATION? | SALARY | WHEN DID YOU LEAVE THIS ORGANIZATION? | SALARY

WHAT DID YOU LIKE MOST ABOUT YOUR JOB?

WHAT DID YOU LIKE LEAST?

WHY ARE YOU CONSIDERING LEAVING (OR WHY DID YOU LEAVE) THIS ORGANIZATION?

WHAT WAS THE NAME AND ADDRESS OF YOUR NEXT MOST RECENT EMPLOYER? | TELEPHONE

TYPE OF BUSINESS, PRODUCT OR SERVICE IN WHICH THE ORGANIZATION IS ENGAGED?

JOB TITLE AND RESPONSIBILITIES?

WHAT WAS YOUR IMMEDIATE SUPERVISOR'S NAME? | TITLE | BUSINESS ADDRESS (If Different From Company)

WHEN DID YOU START WITH THIS ORGANIZATION? | SALARY | WHEN DID YOU LEAVE THIS ORGANIZATION? | SALARY

WHAT DID YOU LIKE MOST ABOUT YOUR JOB?

WHAT DID YOU LIKE LEAST?

DESCRIBE CIRCUMSTANCES CAUSING YOU TO LEAVE THIS POSITION.

WHAT WAS THE NAME AND ADDRESS OF YOUR NEXT MOST RECENT EMPLOYER? | TELEPHONE

TYPE OF BUSINESS, PRODUCT OR SERVICE IN WHICH THE ORGANIZATION IS ENGAGED?

JOB TITLE AND RESPONSIBILITIES?

WHAT WAS YOU IMMEDIATE SUPERVISOR'S NAME? | TITLE | BUSINESS ADDRESS (If Different From Company)

WHEN DID YOU START WITH THIS ORGANIZATION? | SALARY | WHEN DID YOU LEAVE THIS ORGANIZATION? | SALARY

WHAT DID YOU LIKE MOST ABOUT YOUR JOB?

WHAT DID YOU LIKE LEAST?

DESCRIBE CIRCUMSTANCES CAUSING YOU TO LEAVE THIS POSITION

OTHER POSITIONS HELD		DATES		REASON FOR LEAVING	SALARY	
ORGANIZATION NAME & ADDRESS	TYPE OF WORK	STARTING	LEAVING		START	LEAVE

WHAT WERE YOUR DATES OF U.S. MILITARY SERVICE? | WHAT TYPE OF DISCHARGE WERE YOU GIVEN? | WHAT WAS YOUR RANK OR GRADE?

ARE YOU DRAWING A SERVICE DISABILITY ALLOWANCE?
YES ☐ NO ☐ If yes, explain:

DID YOU RECEIVE SPECIALIZED TRAINING OR EXPERIENCE?

DESCRIBE PARTICULAR SKILLS YOU HAVE.

ALL OF OUR EMPLOYEES ARE BONDED AT COMPANY EXPENSE. HAVE YOU EVER BEEN BONDED IN ANY POSITION? YES ☐ NO ☐
HAVE YOU EVER BEEN REFUSED BOND? YES ☐ NO ☐

HOW MUCH TIME HAVE YOU LOST FROM WORK OR SCHOOL IN THE LAST YEAR DUE TO ILLNESS? | WHAT IS YOUR HEIGHT AND WEIGHT?

DO YOU HAVE ANY PHYSICAL HANDICAPS OR LIMITATIONS WHICH MIGHT INTERFERE WITH OR BE AGGRAVATED BY YOUR WORK?

DESCRIBE WORKMEN'S COMPENSATION CLAIMS YOU HAVE FILED:

*ARE YOU MARRIED NOW?
YES ☐ NO ☐

*HAVE YOU EVER BEEN MARRIED?
YES ☐ NO ☐

*WHERE IS YOUR HUSBAND OR WIFE EMPLOYED? IN WHAT CAPACITY? HOW LONG?

RESIDENCE? OWN HOME ☐ RENT ☐ BOARD ☐
LIVE WITH PARENTS ☐ OTHER

*WHAT ARE THE AGES OF YOUR CHILDREN?

IN CASE OF EMERGENCY WHO SHOULD BE NOTIFIED — NAME AND ADDRESS | HOME PHONE
OFFICE PHONE

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED?
YES ☐ NO ☐

HAVE YOU BEEN INVOLVED IN AN AUTO ACCIDENT S. IN THE PAST FIVE YEARS?
YES ☐ NO ☐ If yes, explain:

LIST TWO PEOPLE WHO CAN GIVE US AN IDEA OF YOUR ABILITY TO PERFORM THE KIND OF WORK FOR WHICH YOU ARE APPLYING.	WHAT ASPECTS OF YOUR WORK CAN THIS PERSON ACCURATELY EVALUATE?
NAME TELEPHONE	
ADDRESS	
ME TELEPHONE	
ADDRESS	

PIZZA TIME THEATRE
EMPLOYEE APPLICATION

Date of Origin: Circa 1977-1980
Archived: 1-11-13
Submission by VegaNova
Version 1.0

